

COORDINATOR'S CHECKLIST FOR FOXBOROUGH TEMPORARY FOOD EVENTS

Appointment Date with BOH: _____

* RETURN COMPLETED APPLICATION TO THE LOCAL BOARD OF HEALTH OFFICE THIRTY (30) DAYS BEFORE THE EVENT.

** Please type or print legibly.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **30 DAYS PRIOR TO THE EVENT**.

1. NAME OF EVENT: _____ DATE(s): _____
2. EVENT LOCATION (*BE SPECIFIC – LOT #, ROOM NAME, ADDRESS, ETC.*): _____
3. EXPECTED NUMBER OF PATRONS: _____
4. EXPECTED PEAK DAYS & NUMBERS OF PATRONS: _____
5. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

NAME

ADDRESS

PHONE (work, home, cell)

6. NUMBER OF ANTICIPATED FOOD BOOTHS: _____
7. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

NAME

ADDRESS

LOCATION

8. TIME OF EVENT SET-UP: _____
9. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION):

10. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: ____ YES ____ NO

11. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY:

12. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM:

13. DESCRIBE GARBAGE DISPOSAL:

14. _____
SIGNATURE EVENT COORDINATOR TITLE DATE

Printed Name of Event Coordinator

Address

Phone#

Email



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

**APPLICATION FOR
TEMPORARY FOOD ESTABLISHMENT PERMIT**

Application must be submitted 30 calendar days before proposed opening day.
No Potentially Hazardous Foods are allowed other than hamburgers, hotdogs and sausages.
\$50.00/check payable to the Town of Foxborough – include \$200 Late Fee if submitted less than 30 days before event

BHP- _____
DATE REC'D: _____
CHECK#: _____

NO REFUNDS OR TRANSFER OF FUNDS

APPOINTMENT DATE: _____

Event Coordinator _____ Event Coordinator Phone # _____ EMAIL _____

Name of Event _____ Location of Event _____ Date(s) of Event/Hours of Operation _____

Name of Organization _____ Address of Organization _____ Organization Phone # _____

Name of Applicant _____ Address of Applicant _____ Applicant Phone # _____ EMAIL _____

1. Before completing this application, read **Food Safety at Temporary Events** and the temporary food service "Are You Ready?" Check list.
Have you read this material? ☐ Yes ☐ No

2. Do you have a 3-bay sink? ☐ Yes ☐ No Location: _____

3. Will all foods be prepared at the temporary food service booth?

☐ **YES** Fill out **Section B** below.

☐ **NO** Attach a copy of the food permit and agreement for use of another approved kitchen/commissary.
Fill out both **Sections A and B** below.

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the BOOTH:

Does the Booth have Electricity: ☐ Yes ☐ No Running Water: ☐ Yes ☐ No

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

(Note: If your food preparation procedures cannot fit these charts, list all of the steps in preparing each menu item on an attached sheet.)

4. Food source(s): _____

Describe the potable water supply and delivery: _____

Describe ice storage: _____ Where is ice purchased from: _____

Describe storage and disposal of wastewater: _____

Describe storage and disposal of garbage: _____

5. On this page, draw a sketch of the booth:

A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. **(A certificate from the Fire Department is required for all open flames.)**

B. Describe floor, wall and ceiling surfaces: _____

BOARD OF HEALTH COMMENTS:

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. (The Mass. Sanitary Code for Food Establishments can be obtained by calling the State House Bookstore at 617-727-2834 or 508-646-1374, and on-line at www.state.ma.us/dph/fpp.)

APPLICANT'S SIGNATURE _____

DATE _____

~SEE PAGE 3 for BOH CHECKLIST~

CHECKLIST

- ☐ \$50 PERMIT FEE – (CASH OR CHECK - IF CHECK MAKE PAYABLE TO: THE TOWN OF FOXBOROUGH (INCLUDE \$200.00 LATE FEE IF SUBMITTED LESS THAN 30 DAYS OF THE EVENT).
- ☐ SERVSAFE CERTIFICATE (FOR POTENTIALLY HAZARDOUS FOODS ONLY). (PRE-PACKAGED ITEMS/BOTTLED WATER, ETC., YOU DO NOT NEED A SERVSAFE CERTIFICATE) (CFO).
- ☐ COPY OF ALLERGY AWARENESS CERTIFICATE
- ☐ WORKERS' COMPENSATION FORM (NEW FORM NEEDED EVERY PERMITTING SEASON – POLICY NUMBER AND EXPIRATION DATE OF POLICY NEEDED). (SOLE PROPRIETORS AND NON-PROFIT ORGANIZATIONS MUST ALSO FILL OUT THIS FORM BY CHECKING OFF APPLICABLE BOX AND SIGN AND DATE).
- ☐ FOG CERTIFICATION (FATS, OILS, GREASE) (IF REQUIRED)
WHERE IS YOUR FOG DISPOSAL LOCATION _____
- ☐ COPY OF CURRENT LICENSE FROM THE TOWN WHERE YOUR ESTABLISHMENT IS LOCATED.
- ☐ COPY OF COMMISSARY AGREEMENT – SIGNED
- ☐ COPY OF RESTROOM FACILITY AGREEMENT – SIGNED
- ☐ ATTACH MENU OR CHECK BELOW – MENUS SHOULD BE KEPT SIMPLE

WHAT WILL YOUR ORGANIZATION BE SELLING/SAMPLING OR GIVING AWAY: _____

(CHECK ALL THAT APPLY – **BE EXPLICIT** (GENERALIZATION SUCH AS “BAKED GOODS” IS NOT ACCEPTABLE)

- | | |
|--|--|
| <input type="checkbox"/> WATER | <input type="checkbox"/> HAMBURGERS* |
| <input type="checkbox"/> SODA, INCLUDE ALL BEVERAGES | <input type="checkbox"/> HOT DOGS |
| <input type="checkbox"/> PREPACKAGED ICE CREAM | <input type="checkbox"/> SAUSAGES |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> PREPACKAGED CANDY |
| <input type="checkbox"/> LIST ALL CONDIMENTS: _____ | |

NO POTENTIALLY HAZARDOUS FOODS ARE ALLOWED OTHER THAN HAMBURGERS, HOT DOGS AND SAUSAGES.

DAY OF EVENT

- ☐ POST PERMIT
- ☐ POST SERVSAFE CERTIFICATE (IF APPLICABLE)
- ☐ POST ALLERGY AWARENESS STATEMENT IF APPLICABLE ON YOUR MENU BOARD OR PLACARD.

Use of Commissary Agreement

Base of Operations

It is required that the operator of a Mobile Food Unit have a base of operation from an licensed commissary/shared kitchen facility. Home kitchens will not be approved. The kitchen is an essential part of a mobile food operation and must have facilities for supply storage, potable water, equipment cleaning and sanitizing, food preparation, efuse, water and grease disposal and other servicing activities.

Base of Operation Information:

Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Business Hours of Operation: _____

☐ Attach copy of current permit

Mobile Unit/Vendor Information:

Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Days/Time at Base of Operation: _____

Signatures:

Base of Operation Owner/Agent: _____

Title: _____ Date: _____

Mobile Vendor Owner/Agent: _____

Title: _____ Date: _____

This agreement between the owner of the Base of Operation and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the kitchen as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the kitchen or mobile food unit, or should there be any modification of cancellation of this agreement between parties, then the Mobile Food Establishment Permit may be suspended.

Approval: _____ Date: _____

Restroom Facility Agreement

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. 105 CMR 590.009 (B) (11)

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile food unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft of the mobile vending unit.

I, _____ have read and understand the items of responsibility
Business Owner or Responsible Party

listed above and agree to comply with all of the requirements. I give permission to

_____ to use my establishment,
Mobile Food Vendor

_____, located at _____
Business Name Business Address

as their main restroom facility.

I understand that I (business owner/responsible party) need to notify the ISD Health Division should I be unable to honor this agreement for any period of time, and that I (mobile food vendor) need to find alternative arrangements and inform the ISD Health Division in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: _____

Title (e.g., owner, manager): _____ Date: _____ Phone number: _____

Signature of Mobile Food Vending Unit: _____

Date: _____ Phone number: _____

Massachusetts Department of Public Health
Food Protection Program
Temporary Food Establishment Operations

Are You Ready?

Use this guide as a checklist to verify compliance with MA food safety regulations.

- ☐ **Application** Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.

FOOD & UTENSIL STORAGE AND HANDLING

- ☐ **Dry Storage** Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.
- ☐ **Cold Storage** Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration.
- ☐ **Hot Storage** Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.
- ☐ **Thermometers** Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.
- ☐ **Wet Storage** Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
- ☐ **Food Display** Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.
- Post consumer advisories for raw or undercooked animal foods.
- ☐ **Food Preparation** Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food.
- Protect all storage, preparation, cooking and serving areas from contamination.
- Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.

PERSONNEL

- ☐ **Person in Charge** There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.
- ☐ **Handwashing** A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.
- ☐ **Health** The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.

☐ **Hygiene**

Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

CLEANING AND SANITIZING

☐ **Warewashing**

A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.

The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.

☐ **Sanitizing**

Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.

☐ **Wiping Cloths**

Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

WATER

☐ **Water Supply**

An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.

☐ **Wastewater Disposal**

Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

PREMISES

☐ **Floors**

Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.

☐ **Walls & Ceilings**

Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.

☐ **Lighting**

Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.

☐ **Counters/Shelving**

All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.

☐ **Trash**

Provide an adequate number of cleanable containers inside and outside the booth.

☐ **Restrooms**

Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.

☐ **Clothing**

Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

Need more information on food safety and MA food regulations

www.mass.gov/dph/fpp

Retail Food Information

http://www.umass.edu/umext/nutrition/programs/food_safety/resources/index.html

MA Partnership for Food Safety Education Resources/Food Safety Principles for Food Workers

www.foodsafety.gov

Gateway to Government Food Safety Information



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real-estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia